

L&I Benefits for Workers Who Are Terminally Ill

This pamphlet answers questions frequently asked by individuals with terminal illnesses about benefits available from the Washington State Department of Labor & Industries.

The end of our lives is difficult to think about and to plan for. If your doctor has told you that you have a terminal disease or condition related to your employment, we understand that this is a challenging time. The staff of the Department of Labor & Industries (L&I) will do everything we can to help you with your planning and your care.

Who can get benefits?

To receive end-of-life benefits from L&I you must have an allowed claim. In addition, the medical diagnosis for your terminal condition or illness must be allowed on your claim or included in the medical treatment order with your pension.



Summary of eligibility for end-of-life benefits

Type of claim	Is your medical diagnosis approved?	Eligible for benefits?
Allowed claim	Claim includes your diagnosis	Yes
	Claim does NOT include your diagnosis	No. You would need to apply for benefits.
Pension with a medical treatment order	Treatment order includes your diagnosis	Yes
	Treatment order does NOT include your diagnosis	No. You would need to apply for benefits.
Pension without a medical treatment order		No. You would need to apply for benefits.
Closed claim		No. Your claim would need to be reopened.

Your claim may need to be re-opened

If your condition is not approved for treatment and you believe the condition is a result of your injury or occupational disease, your physician must provide documentation that establishes the relationship of your terminal illness to your claim. If your diagnosis is accepted as part of your claim, you can receive end-of-life benefits.

Coordination with other insurers

Even if your terminal condition is unrelated to your L&I claim, it is still important to let your claim manager know. L&I can help coordinate medical coverage to avoid possible denial of benefits from other insurers, including Medicare.

Who can communicate for me if I am too ill?

If you want your spouse and/or children to be able to discuss your claim and they do not have power of attorney, send a simple letter to your claim manager stating that you give permission for them to communicate on your behalf. You can revoke this authorization at any time with a letter.

Due to privacy laws, L&I staff can share information only with you or with individuals who you designate in writing or who have power of attorney to discuss care and benefits.

What benefits are available to workers with terminal conditions?

Medical treatment

Although your medical diagnosis may be a terminal condition, you may still require medical treatment.

- L&I covers standard medical care and treatment.
- L&I does **not** cover experimental treatment.
- There may be limits on the frequency of diagnostic procedures and the fees paid for procedures.
- Some procedures may require prior authorization by your claim manager.

It is important to keep your claim manager informed of your care and who is treating you to be sure your treatment is covered. Your doctor should NOT bill Medicare for treatment for a medical condition allowed on your claim (unless it is a treatment we do not cover). Medicare may stop their medical benefits if services are incorrectly billed to them.

Getting treatment from L&I providers

To coordinate your ongoing care, your doctor must be part of L&I's medical provider network.¹ If your doctor is not in the network, encourage them to join; your claim manager can assist you. If your doctor does not join the network, you must transfer to a network provider. You can find network providers at www.FindADoc.Lni.wa.gov.

Note that some types of providers do not need to be in the L&I network, including massage and physical therapists, psychologists, and others. The directory www.FindADoc.Lni.wa.gov includes these network-exempt providers that care for L&I patients.

No provider should bill you for any covered medical treatment related to your condition. You are not obligated to pay for these services; if you receive a bill, contact your claim manager for help.

If you request services that L&I does not cover, you could be responsible for payment.



1. L&I's medical provider network began January 1, 2013.



Travel reimbursement

If your treatment requires you to travel beyond your local area, L&I may reimburse you for travel expenses. To get reimbursed, you must contact your claim manager ahead of time for authorization of your travel or lodging expenses.

Psychiatric care

L&I covers psychiatric treatment for the injured worker when it is provided by a PhD psychologist, MD psychiatrist, or Psychiatric ARNP. Your claim manager reviews requests for psychiatric treatment.

End-of-life care

When you and your doctor decide that you no longer want or are no longer benefiting from medical treatment, you may need end-of-life care. Your claim manager can ask an occupational nurse consultant to help coordinate this care and the ordering of medical equipment that you may need.

The occupational nurse consultant can assist with:

- Working with medical-equipment providers to get equipment for the home, such as oxygen and a hospital bed.
- Requesting an occupational therapist to do a home assessment for medical equipment needs and safety.
- Arranging an agency whose attendants will assist you with personal care.
- Arranging admission to a nursing home or skilled facility.
- Arranging hospice coverage.

Hospice

If you have less than six months to live, your physician may request hospice. A hospice agency provides 24-hour consultation services to help people die at home or in a hospice-designated facility.²

Hospice care is different from agency to agency, but the basic team includes a registered nurse, social worker, and pastoral counselor. They work with their hospice physician, pharmacy, and contracted equipment providers to provide basic medical equipment, pain medication, and counseling support. Hospice is designed to coach family members and friends to be caregivers in the home and help with emotional and spiritual support. Some hospice agencies provide chore services.

More about hospice care:

- Hospice does **not** provide attendant care.
- Hospice does **not** provide wound care or hands-on skilled care.
- If you choose hospice, you may keep your current pharmacy or equipment provider rather than change to the hospice's contracted providers.
- Hospice agencies charge a daily fee that is billed regardless if services are used or not. Fees are negotiated for each individual client.

Hospice care is terminated when:

- You or your family wants it to stop.
- You resume curative treatment.
- You are not utilizing services at the end of six months.

Not all hospice agencies accept the department's reimbursement rates and may decline to provide services. L&I can end hospice coverage if you are not using the service or are using alternative care, such as attendant care or a nursing facility.

². Hospice is regulated by the Department of Health's Medicare Hospice Certification program.

Burial benefit

If you die due to a terminal condition that is accepted on your claim, we provide burial benefits. As soon as possible, contact the pension adjudicator at 360-902-5119 to arrange this benefit.

Survivor benefits

Your spouse and minor children may be entitled to financial benefits after your death. Your pension adjudicator will determine these benefits. If you have questions, contact a pension adjudicator at 360-902-5119.

What L&I does not cover

There are some services and medications related to end-of-life care that L&I does not cover.

Services and medications not covered

- Social work services.
- Legal services.
- Payment for family members or friends to be caregivers.
- Chore services, such as housekeeping or grocery shopping.
- Narcotics or opioids for pension (closed) claims with medical treatment, unless opioids or narcotics are provided through hospice.
- Medications to bring about death.

About assisted suicide

Although Labor & Industries does not pay for lethal medications, a Washington state resident with a terminal medical condition who is age 18 or older can take medications to cause their own death.³

Under the Death with Dignity law, a patient must:

- Wait for 15 days after requesting the medication before the physician provides a prescription.
- Have documentation of a psychiatric evaluation and be competent when signing a request form to receive the medication.
- Be competent and alert when self-administering the medication.

Note that there is no legal requirement for a physician, pharmacy, or insurance agency to pay for or provide a prescription or lethal medications. The law and related rules outline the roles and responsibilities of the physician, patient, and pharmacist, along with safeguards to reduce potential abuse of this law.



Who do I contact to begin benefits?

If you have an open claim, contact your claim manager to let them know of your terminal condition and to discuss what benefits you need. Your claim manager may also refer you to other L&I staff members who can answer your questions.

After your death, your pension adjudicator will take over your claim and will be the contact for any questions from your family or designated estate representative.

You can reach your pension adjudicator at 360-902-5119.

For more information

The following L&I publications are available at www.Lni.wa.gov in Forms and Publications:

- *Pension and Survivor Benefits in Washington State's Workers' Compensation Program*
- *Workers' Compensation Benefits*

Occupational Nurse Consultant Program
Department of Labor & Industries
P.O. Box 44281
Olympia WA 98504-4281

📄 Visit our website: www.Lni.wa.gov

Other formats for persons with disabilities are available on request. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

³ Washington state's Death with Dignity Act was passed in 2008. For more information, see Chapter 70.245 RCW.